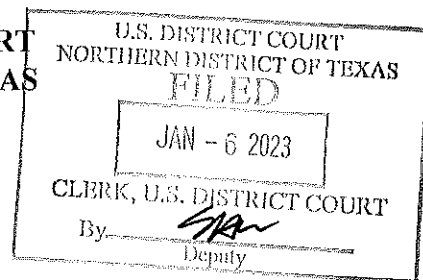


IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF TEXAS



Shannon Guess Richardson 21213-078
Plaintiff's Name and ID Number

FMC Carswell
Place of Confinement

4-23CV-015-P

CASE NO. _____
(Clerk will assign the number)

v.

FMC Carswell; Fort Worth, TX.
Defendant's Name and Address

Defendant's Name and Address

Defendant's Name and Address
(DO NOT USE "ET AL.")

INSTRUCTIONS - READ CAREFULLY

NOTICE:

Your complaint is subject to dismissal unless it conforms to these instructions and this form.

1. To start an action you must file an original and one copy of your complaint with the court. You should keep a copy of the complaint for your own records.
2. Your complaint must be legibly handwritten, in ink, or typewritten. You, the plaintiff, must sign and declare under penalty of perjury that the facts are correct. If you need additional space, **DO NOT USE THE REVERSE SIDE OR BACK SIDE OF ANY PAGE.** ATTACH AN ADDITIONAL BLANK PAGE AND WRITE ON IT.
3. You must file a separate complaint for each claim you have unless the various claims are all related to the same incident or issue or are all against the same defendant, Rule 18, Federal Rules of Civil Procedure. Make a short and plain statement of your claim, Rule 8, Federal Rules of Civil Procedure.
4. When these forms are completed, mail the original and one copy to the clerk of the United States district court for the appropriate district of Texas in the division where one or more named defendants are located, or where the incident giving rise to your claim for relief occurred. If you are confined in the Texas Department of Criminal Justice, Correctional Institutions Division (TDCJ-CID), the list labeled as "VENUE LIST" is posted in your unit law library. It is a list of the Texas prison units indicating the appropriate district court, the division and an address list of the divisional clerks.

1. In order for your complaint to be filed, it must be accompanied by the statutory filing fee of \$350.00 plus an administrative fee of \$52.00 for a total fee of **\$402.00**.
2. If you do not have the necessary funds to pay the fee in full at this time, you may request permission to proceed *in forma pauperis*. In this event you must complete the application to proceed *in forma pauperis*, setting forth information to establish your inability to prepay the fees and costs or give security therefor. You must also include a current six-month history of your inmate trust account. If you are an inmate in TDCJ-CID, you can acquire the application to proceed *in forma pauperis* and the certificate of inmate trust account, also known as *in forma pauperis* data sheet, from the law library at your prison unit.
3. The Prison Litigation Reform Act of 1995 (PLRA) provides "... if a prisoner brings a civil action or files an appeal *in forma pauperis*, the prisoner shall be required to pay the full amount of a filing fee." See 28 U.S.C. § 1915. Thus, the court is required to assess and, when funds exist, collect, the entire filing fee or an initial partial filing fee and monthly installments until the entire amount of the filing fee has been paid by the prisoner. If you submit the application to proceed *in forma pauperis*, the court will apply 28 U.S.C. § 1915 and, if appropriate, assess and collect the entire filing fee or an initial partial filing fee, then monthly installments from your inmate trust account, until the entire \$350.00 statutory filing fee has been paid. (The \$52.00 administrative fee does not apply to cases proceeding *in forma pauperis*.)
4. If you intend to seek *in forma pauperis* status, do not send your complaint without an application to proceed *in forma pauperis* and the certificate of inmate trust account. Complete all essential paperwork before submitting it to the court.

CHANGE OF ADDRESS

It is your responsibility to inform the court of any change of address and its effective date. Such notice should be marked "**NOTICE TO THE COURT OF CHANGE OF ADDRESS**" and shall not include any motion for any other relief. Failure to file a NOTICE TO THE COURT OF CHANGE OF ADDRESS may result in the dismissal of your complaint pursuant to Rule 41(b), Federal Rules of Civil Procedure.

I. PREVIOUS LAWSUITS:

A. Have you filed *any* other lawsuit in state or federal court relating to your imprisonment? ☒ YES ☐ NO

B. If your answer to "A" is "yes," describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, giving the same information.)

1. Approximate date of filing lawsuit: 11-1-22
2. Parties to previous lawsuit:
 Plaintiff(s) Shannon Guess Richardson
 Defendant(s) FMC carswell
3. Court: (If federal, name the district; if state, name the county.) Northern District of TX - Ft. Worth
4. Cause number: 4:22-cv-00998-P
5. Name of judge to whom case was assigned: unknown
6. Disposition: (Was the case dismissed, appealed, still pending?) —
7. Approximate date of disposition: —

II. PLACE OF PRESENT CONFINEMENT: FMC Carswell

III. EXHAUSTION OF GRIEVANCE PROCEDURES:
Have you exhausted all steps of the institutional grievance procedure? X YES NO
Attach a copy of your final step of the grievance procedure with the response supplied by the institution.

IV. PARTIES TO THIS SUIT:
A. Name and address of plaintiff: Shannon Guess Richardson
21213 -078; FMC Carswell NCC #68-2; P.O. Box
27137; Fort Worth, TX. 76127

B. Full name of each defendant, his official position, his place of employment, and his full mailing address.
Defendant #1: FMC Carswell; P.O. Box 27137; Fort Worth,
TX. 76127
Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.
medical malpractice, abuse, neglect

Defendant #2: _____

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Defendant #3: _____

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Defendant #4: _____

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Defendant #5: _____

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

V. STATEMENT OF CLAIM:

State here in a short and plain statement the facts of your case, that is, what happened, where did it happen, when did it happen, and who was involved. Describe how each defendant is involved. You need not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach extra pages if necessary, but remember the complaint must be stated briefly and concisely. IF YOU VIOLATE THIS RULE, THE COURT MAY STRIKE YOUR COMPLAINT.

Charles Langham; at the time clinical director of Carswell, refused medical care ordered by multiple specialists because of my charge. This has resulted in lower extremity paralysis, my left arm impaired; dementia optic nerve atrophy. I have attached a detailed account of what happened. My then doctor Beatriz Parra did nothing to stop the abuse. Carswell still refuses to help me or take care of me.

VI. RELIEF:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

Award plaintiff \$100,000, to be placed in a account I can use when I get out to get the medical care Carswell has refused me.

VII. GENERAL BACKGROUND INFORMATION:

A. State, in complete form, all names you have ever used or been known by including any and all aliases.

Shannon Dawn Rogers/Parker/Guerrero

B. List all TDCJ-CID identification numbers you have ever been assigned and all other state or federal prison or FBI numbers ever assigned to you.

NA

VIII. SANCTIONS:

A. Have you been sanctioned by any court as a result of any lawsuit you have filed? ☐ YES ☒ NO

B. If your answer is "yes," give the following information for every lawsuit in which sanctions were imposed. (If more than one, use another piece of paper and answer the same questions.)

1. Court that imposed sanctions (if federal, give the district and division): _____

2. Case number: _____

3. Approximate date sanctions were imposed: _____


4. Have the sanctions been lifted or otherwise satisfied? ☐ YES ☐ NO

C. Has any court ever warned or notified you that sanctions could be imposed? _____ YES ~~X~~ NO

D. If your answer is "yes," give the following information for every lawsuit in which a warning was issued. (If more than one, use another piece of paper and answer the same questions.)

1. Court that issued warning (if federal, give the district and division): _____
2. Case number: _____
3. Approximate date warning was issued: _____

Executed on: 1-2-23
DATE

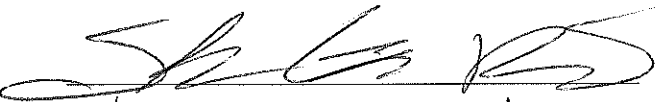

Shannon Guess Richardson
(Signature of Plaintiff)

PLAINTIFF'S DECLARATIONS

1. I declare under penalty of perjury all facts presented in this complaint and attachments thereto are true and correct.
2. I understand, if I am released or transferred, it is my responsibility to keep the court informed of my current mailing address and failure to do so may result in the dismissal of this lawsuit.
3. I understand I must exhaust all available administrative remedies prior to filing this lawsuit.
4. I understand I am prohibited from bringing an *in forma pauperis* lawsuit if I have brought three or more civil actions or appeals (from a judgment in a civil action) in a court of the United States while incarcerated or detained in any facility, which lawsuits were dismissed on the ground they were frivolous, malicious, or failed to state a claim upon which relief may be granted, unless I am under imminent danger of serious physical injury.
5. I understand even if I am allowed to proceed without prepayment of costs, I am responsible for the entire filing fee and costs assessed by the court, which shall be deducted in accordance with the law from my inmate trust account by my custodian until the filing fee is paid.

Signed this _____ day of _____, 20____.

(Day) 2 (month) January (year) 23


Shannon Guess Richardson
(Signature of Plaintiff)

WARNING: Plaintiff is advised any false or deliberately misleading information provided in response to the above questions may result in the imposition of sanctions. The sanctions the court may impose include, but are not limited to, monetary sanctions and the dismissal of this action with prejudice.

Complaint under Federal Tort Claims Act

- medical malpractice

Shannon Guess
Richardson
#21213-078
FMC Corswell, NCC Boarder
P.O. Box 27137 #68-
Ft. Worth, TX 76127 1

Page 1

Complaint

1. Plaintiff brings this action against defendant, United States of America, pursuant to the Federal Tort Claims Act so that this court has jurisdiction of the subject matter of this action pursuant to 28 U.S.C. 1346(b).
2. The plaintiff has complied with all prerequisites to a suit under the Federal Tort Claims Act in that:
 - a. On November 1, 2022 the plaintiff timely filed an administrative claim for the matters in dispute in this action in the amount of \$100,000 with the BOP.
 - b. The defendant, by and through its agency, the BOP, denied plaintiff's administrative claim with no response to tort claim filed 11-1-22.
 - c. This action was timely commenced following the denial of the administrative claim.
3. Plaintiff also brings this action against defendants, Charles Langham M.D., Beatriz Parra M.D., physicians acting as the agents, servants, and employees.

Complaint under Federal Tort Claims Act
- medical malpractice

Shannon Guess Rich-
#21213-078 arldson
FMC Corswell

Page 2

of defendant, the United States of America, in the course of their employment, who along with other agents, servants, and employees of defendant, United States of America, known to the defendant but unknown to plaintiff, committed the acts of negligence that are set forth more fully below.

4. As a result of the fault of the defendants, by and through their agents, servants, and employees, acting within the scope of their employment, plaintiff suffered lower extremity paralysis, slow left upper extremity, dementia, ^{optic} ~~nerve~~ atrophy.

5. These conditions resulted from the negligence of the agents, servants, and employees of defendants, acting within the scope of their employment, as follows:

- a. I had a severe MRSA infection that tracked from a old C-section scar up through my stomach to my ribs.
- b. When I was found unconscious, I was taken to a hospital where it was ordered that pain medication was to be

Complaint under Federal Tort Claims Act
-medical malpractice

Shannon Guess
#21213-078 Richardson
FMC Corswell

Page 3

- given before scraping several inches up through my stomach to my ribs.
- c. medical staff here agreed I could not go through the painful procedure without the help of medication and I continued to get medication before each time I was scraped out.
- d. Clinical Director Charles Langham became aware of my situation and discontinued my medication. He told me because of my charge I would regret having him as a doctor.
- e. I tried to do the next scraping without medication but after being tortured and screaming and crying through the procedure I informed the nursing staff and IHP I would not be put through that torture without so much as a Tylenol ever again.
- f. The IHP agreed it was inhumane and ordered for me to get medication before the next procedure.
- g. Charles Langham found out and stopped the order with the notation not to change it without his approval.

Complaint under Federal Tort Claims Act
-medical malpractice

Shannon Guers Richards
#21213-078
FMC Corswell

page 4

h. I went through another procedure, eventually begging them to stop. Langham was there and refused to stop.

i. I then pled my case stating I could not handle it again, have never done an illegal drug in my life or been addicted to anything and other patients are freely given pain medication but because of my charge Charles Langham took it upon himself to dole out even more punishment and inhumane treatment.

j. I refused treatment and went septic.

k. As a result of the punishment Charles Langham enforced and Beatriz Parra, my doctor, allowed, I am now lower extremity paralyzed, my left arm is following the same pattern and will likely be paralyzed, have cerebrovascular disease and dementia, have optic nerve atrophy that can lead to

Complaint under Federal Tort Claims Act
-medical malpractice

Shannon Guess Richardson
21213-078
FMC Carswell

Page 5

blindness, have Kidney failure, have urinary incontinence and have to wear diapers, am confined to a bed or wheelchair 100% of every single day for the rest of my life.

1. Even with all of the above and 2 specialists (neurology and cardiology) ordering that I be inpatient status because of the seriousness of my conditions, Charles Langham refused.

m. I wrote up the treatment by Langham so everyone from the Worden down was well aware of this treatment and did ~~nothing~~ to step in and help me.

n. The damage that resulted from the medical abuse I endured is for life and I continue to deteriorate.

6. As a direct and proximate result of the combine negligence of defendants' agents, servants, and employees, plaintiff has become disabled and unemployable.

Complaint under Federal Tort Claims Act
- medical malpractice

Shannon Guess Richardson
#21213-078
FMC Carswell

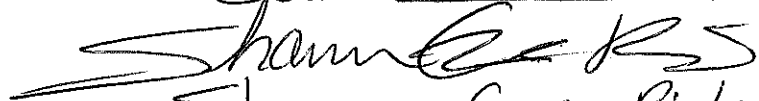
Page 6

7. As a result of these conditions, plaintiff will in the future incur medical expenses, will lose earnings, will suffer pain of mind and body, and will be permanently disabled and suffer a substantial loss of earning capacity.

Plaintiff requests that this Court render judgement against the defendants

- a. In the sum of \$100,000, and
- b. Plaintiff be awarded costs of suit.

Date 1-2-23



Shannon Guess Richardson
#21213-078

FMC Carswell, NCC Boarder #68
P.O. Box 27137
Ft. Worth, Tx. 76127

RICHARDSON, SHANNON GUESS

05/19/2021

PHYSICAL EXAMINATION:**GENERAL:**

At the time of my examination, sitting in the chair, she is not having any evidence of acute distress. She cannot move her legs. She has peripheral distal dusky feet. There is mild generalized edema in her feet consistent with disuse edema.

CARDIAC:

Reveals a regular rate and rhythm with no auscultated murmur. There are no auscultated carotid bruits. Peripheral pulses are 1+.

NEURO:

She has sensory loss in her legs all the way up to her waist. She does not have any Tinel's sign on the left, but she is complaining that the left arm has some type of pain between the wrist and the elbow. I cannot see any fasciculations in her upper extremities or on her lower extremities distally. There is no Lhermitte's sign on examination. DTRs remain 0/4.

DIAGNOSTIC IMPRESSION:

1. Peripheral neuropathy: This was confirmed on EMG in October 2019. Physiatry recommended workup for neuropathy. That is how I came to see this patient on 02/25/2020. Please see that detailed note. I have not seen this patient in followup since because of the pandemic.
2. The cause of this patient's presentation, both the neuropathy which appears to be related to autonomic neuropathy as well causing orthostatic hypertension, as well as possibly the dizziness associated, as well as neuropathic pain may be related to thiamine deficiency or critical illness polyneuropathy. These specific etiologies have not been confirmed. Other causes have not been completely eliminated. I had intended followup on this patient, but because of the pandemic, we were unable to do so. Differential diagnosis includes an extensive number of possible causes for this neuropathy. Please note that my interpretation of the EMG data is based only on my knowledge of EMG findings suggests that this is an axonal sensory greater than motor neuropathy, but it was sensorimotor and predominantly axonal. This suggests some type of toxic metabolic cause. This does not appear to be consistent with CIDP, chronic inflammatory demyelinating peripheral neuropathy, but an LP has not been done.
3. There are also axonal types of CIDP as well.
4. Dementia: She clinically has a dementia that is primarily an amnesic presentation. This may be related to number one if in fact it was caused by a thiamine deficiency. Her thiamine now is replaced.
5. Seizure disorder: This is a childhood onset diagnosis and we just need to increase her Keppra to 1,000 mg b.i.d. at this time. Please obtain an EEG.

RECOMMENDATIONS:

1. At this time, I recommend a change to this patient's status because of the fact that she cannot move herself around in the wheelchair and she is unable to stand and transfer. I recommend changing her status to inpatient in the hospital. I recommend she get physical therapy or occupational therapy for passive range of motion.
2. I recommend that she be followed very carefully for the development of DVTs.
3. I recommend that she get an electric wheelchair instead of her manual wheelchair.
4. I recommend that we petition the Federal Bureau of Prisons to start her on Gabapentin 300 mg b.i.d. for neuropathic pain.
5. Please ask Dr. Wimmer to come back and do an EMG specifically on her left upper extremity. We are looking for focal entrapment neuropathy like an ulnar neuropathy or carpal tunnel syndrome.
6. Labs still need to be completed on this patient. Please be sure that the following labs are done prior to my follow-up. I need a B12 level, a methylmalonic acid, a B6 level, a Lyme antibody panel for IgG, a lupus panel. This must include a double stranded DNA Smith antibody. I also need a panel for Sjögren's syndrome to include anti-SSA antibody and anti-SSB antibody. I need a perineoplastic panel that includes anti-Hu antibody. I need a serum copper level and a PT/PTT must be done in order for us to order an LP. Please start this patient

EMG - HEALTH HISTORY INTAKE FORM

Today's Date: 10/30/19 P.O.B. 8/31/1977

Richardson, Shannon
Name

Male or Female

Age

Dominant Hand: Right or Left

Requested: BLE numb/weak

By: GUL - Mejia

HISTORY OF PRESENT ILLNESS / CHIEF COMPLAINT

When and how did the symptoms start? On Jan 18, 2019 L > R

Summary of Symptoms (Pain, Numbness / Tingling, Weakness, etc.)

Sepsis / MASA Aug 2019 → Fall 2019 → Leg Numb

-Neck symptoms _____ -Mid back symptoms _____

Shoulder symptoms R or L _____ Lower back symptoms: T9/T10 foot back down

Elbow symptoms R or L _____ Wrist / Hand symptoms R or L _____ Ankle/foot symptoms R or L R LE partially numb

Prior EMG Study: Yes _____ No _____ When and where? _____

Recent X-Rays? Yes _____ No _____ Type, when and where _____

Recent Scan? (CT, MRI) Yes _____ No _____ Type, when and where _____

Recent Lab Results (if known) No LOR / Fall 2019

Medications: _____

Surgical History: Surgery of neck, arm, back, leg or in the area being tested? Yes _____ No _____

If Yes, describe: Numbness Arms & Hands OK Cuts - Not. Fall.

PRESENT AND PAST MEDICAL HISTORY

Do you have allergies to ANY drugs or skin allergy to Latex products? Yes _____ NO PE

If yes, describe reaction and severity _____

Are you on Warfarin/Coumadin anticoagulation; Plavix/Clopidogrel or Aspirin? Yes _____ NO Or 3

If yes to Warfarin/Coumadin, was your last Protime/INR stable? (_____) Yes _____ NO Skid 2 open from Left foot

-Do you have, or have you had alcohol &/or drug problems? Yes _____ NO

If yes, describe: _____

-if you drink ANY alcohol: #drinks/day _____ #drinks/week (PMH):

-Do you, or have you ever smoked? Yes _____ No ANX -

Do you still smoke now Yes _____ No PTSD -

-Do you have:

Diabetes Yes _____ No Thyroid def -

Thyroid problems Yes _____ No ? thyroid -

Cancer Yes _____ No B12 shots

Neurologic (Stroke, MS, etc.) Yes _____ No Critical illness

Cardiac or Circulation problem Yes _____ No

Arthritis Yes _____ No

Liver Disease or Hepatitis Yes _____ No

Bleeding Disorder Yes _____ No

HIV positive or AIDS Yes _____ No

Pacemaker/defibrillator Yes _____ No

Other implanted devices Yes _____ No

Other Important medical History? _____

Occupational/ Work History: _____

PE

Or 3

Skid 2 open from Left foot

PMH:

ANX -

PTSD -

Thyroid def -

? thyroid -

B12 shots

Critical illness

LL 3/5

MMT

RLE 4/5

Left. Leg

Atrophy

VASCULAR

Left. Leg

Atrophy

1. Severe Sensory & Motor

2. Polyneuropathy

(Critical illness neuropathy?)

Recommendations:

- ① Metabolic w/u for polyneuropathy
- ② Consider Neurology consult

P. 1 of 2

10/30/19

Michael Wimmer, M.D.

PERONEAL NERVE

Motor Latency (<6.6) Ankle	R 5.6 msec	0.8 mv	L 5.7 msec	1.5 mv
Proximal (BFH)	(Td.) 0.4 mv		1.4 mv	
Popliteal Fossa				
Conduction Velocity (>41)	43 M/sec		33 M/sec	
F-wave (<57)	NR msec		67.0 msec	

SUPERFICIAL PERONEAL

Sensory Latency (<4.1) at 12 cm. NR msec 0 mcv NR msec 0 mcv

TIBIAL NERVE

Motor Latency (<5.9) Ankle	3.6 msec	7.7 mv	3.9 msec	8.2 mv
Proximal				
Conduction Velocity (>40)				
F-wave (<57)	56.6 msec			
H-reflex (<35)				
Sensory Latency				
Medial Plantar (<3.9)				
Lateral Plantar (<4.5)				

SURAL NERVE

Sensory Latency (<4.5) NR msec 0 mcv NR msec 0 mcv

ELECTROMYOGRAPHY

	RIGHT							LEFT						
	Fibs	PSW	Fasc	Polys	Amp	Inter	Patt	Fibs	PSW	Fasc	Polys	Amp	Inter	Patt
Qdceps														
Vas.Md	0	0	0	NL			→	0	0	0	NL			→
Ant. Tib	0	0	0	↑	NL	NL	↓	0	0	0	↑	NL	↑	NL
P. Long	0	0	0	NL			→	0	0	0	NL			→
Md. Gas	0	0	0	↑	NL	NL	NL	0	0	0	↑	NL	NL	NL
SH/Bic Fem.														
EHL	0	0	0		↑	↑	↓	0	0	0	NL	NL	↑	↓
TFL														
Gl. Med														
Gl. Max														
Parasp														

P.2 of 2

MEU
 Michael WIMMER MD

10/30/2019

EMG - HEALTH HISTORY INTAKE FORM

Today's Date: 7/28/21 P.O.B. 8/31/1977
Richardson, Shannon Male or (Female)
 Name Age

Dominant Hand: (Right) or LeftRequested: (L) NIABy: ORR / Palla

HISTORY OF PRESENT ILLNESS / CHIEF COMPLAINT

When and how did the symptoms start?

Summary of Symptoms (Pain, Numbness / Tingling, Weakness, etc.)

-Neck symptoms

Shoulder symptoms R or L

Elbow symptoms R or L

Wrist / Hand symptoms R or L

Prior EMG Study:

Recent X-Rays?

Recent Scan? (CT, MRI)

Recent Lab Results (if known)

Medications:

Surgical History: Surgery of neck, arm, back, leg or in the area being tested?

If Yes, describe:

PRESENT AND PAST MEDICAL HISTORY

Do you have allergies to ANY drugs or skin allergy to Latex products?

If yes, describe reaction and severity

Are you on Warfarin/Coumadin anticoagulation; Plavix/Clopidogrel or Aspirin?

If yes to Warfarin/Coumadin, was your last Protime/INR stable? ()

-Do you have, or have you had alcohol &/or drug problems?

If yes, describe:

-If you drink ANY alcohol: #drinks/day

#drinks/week:

-Do you, or have you ever smoked?

Do you still smoke now

-Do you have:

Diabetes

Thyroid problems

Cancer

Neurologic (Stroke, MS, etc.)

Cardiac or Circulation problem

Arthritis

Liver Disease or Hepatitis

Bleeding Disorder

HIV positive or AIDS

Pacemaker/defibrillator

Other implanted devices

Other important medical history?

Occupational/ Work History:

- (Dx): 1. Sensory Polyneuropathy
 2. (L) ulnar n. at elbow
 Budget line slow

Recommendations:

- (1) Flv Neurology
 (2)
 (3)

P. 1 of 2

7/28/21
Michael Wimmer, M.D.

Date 7/28/21

21213-078

MEDIAN NERVE

Mid-Palm Latency

Conduction Vel. (>37)

Motor Lat. (<4.5) Wrist

Proximal

Forearm Conduction Vel. (>48)

Sensory Lat. (<3.5)

Mid-Palm (<2.3)

F-wave (<32)

~~RIGHT~~ Left

_____ msec _____ mv
 _____ M/s _____
 3.7 msec 9.8 mv
 5.2 M/s 9.3 mv
 3.4 msec 15 mcv
 _____ msec _____ mcv
 _____ msec _____ mcv

LEFT

_____ msec _____ mv
 _____ M/s _____
 _____ msec _____ mv
 _____ M/s _____
 _____ msec _____ mcv
 _____ msec _____ mcv
 _____ msec _____ mcv

RADIAL NERVE

Sensory Latency (<2.9)

2.6 msec 8 mcv

_____ msec _____ mcv

MEDIAN & RADIAL NERVES

Sensory to Thumb (Diff. <0.4)

_____ / _____ = _____

_____ / _____ = _____

MEDIAN & ULNAR NERVES

Mixed Transcarpal (Diff. <0.3)

_____ / _____ = _____

_____ / _____ = _____

2nd Lumbrical/2nd D.I. (nl. <1.0)

_____ / _____ = _____

_____ / _____ = _____

ULNAR NERVE

Motor Lat. (<3.6)

Forearm CV (>51)

Around Elbow CV

F-wave (<33)

Sensory Lat. (<3.1)

Sensory Forearm NCV

Sensory NCV Across Elbow

Ulnar Dorsal Cutaneous (<2.3)

2.6 msec 6.3 mv
 5.3 M/s 5.5 mv
 5.1 M/s 5.1 mv
 _____ msec _____
 3.0 msec 11 mcv
 _____ M/s _____ mcv
 _____ M/s _____ mcv
 _____ msec _____ mcv

_____ msec _____ mv
 _____ M/s _____ mv
 _____ M/s _____ mv
 _____ msec _____
 _____ msec _____ mcv
 _____ M/s _____ mcv
 _____ M/s _____ mcv
 _____ msec _____ mcv

LATERAL ANTEBRACHIAL CUTANEOUS

Sensory Latency (<2.7)

_____ msec _____ mcv

_____ msec _____ mcv

MEDIAL ANTEBRACHIAL CUTANEOUS

Sensory Latency (2.7)

_____ msec _____ mcv

_____ msec _____ mcv

ELECTROMYOGRAPHY

RIGHT

LEFT

	Recruitment								Recruitment							
	Fibs	PSW	Fasc	Polys	Amp	Int	Patt		Fibs	PSW	Fasc	Polys	Amp	Int	Patt	
Intsp																
Deltoid																
Biceps	0	0	0	NL												
Triceps	0	0	0													
FCR																
ECR	0	0	0													
EDC	0	0	0													
FDI	0	0	0													
APB	0	0	0													
FDP4-5																
Parasp																

p. 2 of 2

MICHAEL WIMMER, M.D.

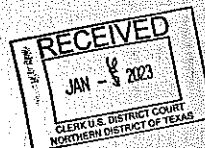
date 7/28/21

Shannon Guess Richardson
#21213-078
P.O. Box 27137
Fort Worth, TX 76127

|||||

|||||

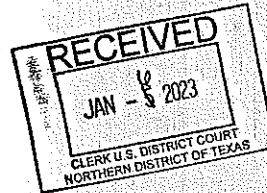
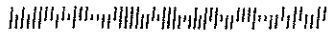
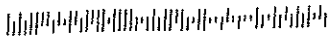
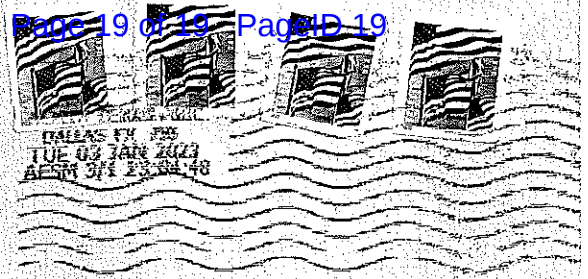
X-PRAY



21213-078
Eldon B Mahon U.S. Courthouse
501 W 10TH ST
Room 310
FORT Worth, TX 75102
United States

FBI Carwell
P.O. Box 27066
Fort Worth, TX 76127
Mailed: 1-1-23
The enclosed letter was processed through special
mailing procedures for forwarding to you. The writer
has neither been opened nor inspected. If the writer
raises a question or problem over which the facility
has jurisdiction, you may wish to return the material
for further information or clarification. (4)

Shannon Guess Richardson
#21213-078
FMC Carswell, NCC #682
P.O. Box 27137
Fort Worth, TX 76127



EX-111

↔21213-078↔
Eldon B Mahon U's Courthouse
501 W 10TH ST
Room 310
FORT Worth, TX 75102
United States